FEC FORM 1

2015

07-03-

00018244

Office

Use

Only

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

NAME OF Example: If typing, type (Check if name COMMITTEE (in full) is changed) over the lines. PARTY ADDRESS (number and street) (Check if address is changed) COMMITTEE'S E-MAIL ADDRESS (Check if address Hhehumanity party egman I.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE . FEC IDENTIFICATION NUMBER > IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. (EMECKA Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

FEC FORM 1

(Revised 06/2012)

	FEC	imi i (heviseu 02/2009)	Page Z				
5.		TYPE OF COMMITTEE Candidate Committee:					
	F						
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Comple information below.)	te the candidate				
	Name of Candida	L, MONE,					
		Candidate Office State Party Affiliation Sought: House Senate President District					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
	Party (mmittee:					
	(d)		emocratic, publican, etc.) Party.				
	Politic	Action Committee (PAC):					
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:				
	(°/ i						
			abor Organization				
		Membership Organization Trade Association	Cooperative				
	In addition, this committee is a Lobbyist/Registrant PAC.						
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
	In addition, this committee is a Lobbyist/Registrant PAC.						
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Joint Fundraising Representative:							
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political				
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
	Committees Participating in Joint Fundraiser						
		FEC ID number					
	;	FEC ID number					
	;						
			V V V				

Write or Type Committee Name

_				•			
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fund	draising Representative, o	or Leadership PAC Sponsor			
ļ	ווווווווווו	u					
<u> </u>							
	Mailing Address	<u> </u>					
	Maining Address						
			'	1			
		CITY	STATE	ZIP CODE			
	Relationship: Connecte	d Organization Affiliated Committee Join	nt Fundraising Representat	ive Leadership PAC Sponso			
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.						
	Full Name CHR	ISTURATER M NEMEL	KA				
	Mailing Address	15TURHER M NEMEL 1224 GARDEN PARK	, ,				
	Walling Address						
		O.C.EM	1 1/1/1	10.4.06 M-1			
	Title or Position	CITY		71D 00D5			
			STATE	ZIP CODE			
	SPIOKES P. GR	<u>500</u>	elephone number 80	211-8701-113013			
8.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).						
	Full Name of Treasurer	SAME AS ABOVE SPOKE	3) kason				
	Mailing Address						
			<u> </u>	1 1 1 1 1 1 1 1 1 1			
		CITY	STATE	ZIP CODE			
	Title or Position		elephone number				

1.

SALI LAKE CITY OF BE

TO WILL SOLD FIND I

224 W. GARDEN PARK OREM, UTAH 84057

DC 204/83 2015 1168 999 E. NASHINGTON

ա<u>կարդվորությունների հիրորդությունը հերարդությունը և</u>

(A) CA (III)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.					
Hand Delivered	Date of Receipt				
USPS First Class Mail Postmarked	Date of Receipt				
USPS Registered/Certified	Postmarked (R/C)				
USPS Priority Mail	Postmarked				
USPS Priority Mail Express	Postmarked				
Postmark Illegible					
No Postmark					
Overnight Delivery Service (Specify):	Shipping Date				
Nex	t Business Day Delivery				
Received from House Records & Registration O	Date of Receipt ffice				
Received from Senate Public Records Office	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	Date of Receipt or Postmarked				
PREPARER MO	8/7/15 DATE PREPARED				
(3/2015)	DATEFILIANED				